

KANSAS MEDICAID STATE PLAN

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REHABILITATION SERVICES LIMITATIONS

E. Long-Term Head Injury Rehabilitation Services (Cont.)

3. Treatment:

- a. Description: Treatment services include behavior therapy, cognitive therapy, drug and alcohol abuse therapy, independent living skills training, occupational therapy, physical therapy, speech-language therapy and continuing care and support.
- b. Qualifications: Facility must be J.C.A.H.O. accredited and licensed by the Department of Health and Environment.
- c. Units of service are billed on a per diem basis.
- d. Limitations: The consumer must show progress.

F. Early Intervention Services to Children From Birth Up to Age 4:

The following is an all-inclusive list of services not otherwise included under the State Plan, provided to children from birth up to age 3 and children in transition to pre-school up to age 4 who meet one of the Developmental Delay eligibility categories as set in federal regulation, pursuant to IDEA Part C:

Preventive medicine counseling

- a. Description - Preventive Medicine Counseling
- b. Qualifications - M.D., R.N., P.A., L.P.N.
- c. Units of service are billed as per procedure code
- d. Limitations: None

Dietitian

- a. Description.- Dietitian Services
- b. Qualifications
- c. Units of service: as per procedure code
- d. Limitations: Initial evaluation and follow-up services cannot occur on the same date of service.

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F. Early Intervention Services to Children From Birth Up to Age 3 (Cont.)

7. PHYSICAL MEDICINE
8. SKILLED NURSING SERVICES
9. TESTS AND MEASUREMENTS
10. PSYCHIATRIC SERVICES
11. COMMERCIAL NON-AMBULANCE MEDICAL TRANSPORTATION

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Attachment 3.1-A
#14.a.

Services for Individuals Age 65 or
Older in Institutions for Mental Diseases
Inpatient Hospital Services Limitations

Inpatient hospital services for individuals age 65 or older in institutions for mental diseases are covered and subject to the same limitations as detailed previously in Attachment 3.1-A, #1, Inpatient Hospital Services Limitations, with the exception of reserve days.

"Reserve day" means the day that the recipient leaves the institution for mental diseases (IMD) without being discharged, and all of the subsequent days the recipient is not staying at the institution for mental diseases until the day of return. The day of return is not considered or counted as a reserve day.

Reserve days may be for the purposes of acute inpatient medical care in a general hospital, or for therapeutic home visits.

Reserve days are limited to 10 consecutive days for any single episode of acute inpatient medical care in a general hospital per recipient per IMD.

Reserve days are limited to 21 per calendar year for therapeutic home visits. Additional days for therapeutic home visits may be prior authorized.

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Attachment 3.1-A
#14.b.

Limitations of Services for Individuals Age 65 or
Older in Institutions for Mental Diseases,
Skilled Nursing Facility Services

Refer to Attachment 3.1-A, #14.c., for the limitations.

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Attachment 3.1-A
#14.c.

Limitations of Services for Individuals
Age 65 or Older in Institutions for
Mental Diseases, Intermediate Care Facilities

1. Each recipient aged 65 or older in an IMD must have a primary diagnosis of a chronic mental condition or a behavior problem which requires 24 hour a day support or assistance in management.
2. Services provided by the IMD shall assist recipients in maximizing their skills for independent living outside of the IMD. The IMD shall provide assistance in securing community resources for the recipient, such as but not limited to community mental health centers, and additional assistance to the recipient in moving to a less restrictive environment than the IMD.
3. Facilities approved for enrollment shall provide services solely to mentally ill recipients, or shall provide services to both mentally ill recipients and geriatric recipients ("dual facilities") if:
 - a. the facility has special approval from SRS,
 - b. the facility houses the mentally ill recipients separately from the geriatric recipients, and
 - c. the facility provides separate and distinct programs to the mentally ill recipients.

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Inpatient Psychiatric Facility Services for Individuals
Under 22 Years of Age Limitations

"Reserve day" means the day that the recipient leaves the inpatient psychiatric facility without being discharged, and all of the subsequent days the recipient is not staying at the inpatient psychiatric facility until the day of return. The day of return is not considered or counted as a reserve day.

Reserve days may be for the purposes of acute inpatient medical care in a general hospital, or for therapeutic home visits.

Reserve days are limited to 10 consecutive days for any single episode of acute inpatient medical care in a general hospital per recipient per inpatient psychiatric facility.

Reserve days are limited to 21 per calendar year for the therapeutic home visits. Additional days for therapeutic home visits may be prior authorized.

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Attachment 3.1-A
#17

Nurse-Midwife Services Limitations

Nurse-midwife services are limited to those provided by nurse midwives certified as advanced registered nurse practitioners in Kansas, or those with equivalent credentials in their states of practice. Obstetrical services provided by nurse-midwives are subject to the same limitations as those obstetrical services provided by physicians.

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Attachment 3.1-A
#18

Hospice Services Limitations

Hospice services shall be covered for recipients who have been determined to be terminally ill by a physician and who have filed an election statement with a hospice enrolled to participate in the Medicaid Program. Hospice beneficiaries who reside in adult care homes shall have room and board reimbursed.

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#19 Case Management
See Supplement D 3.1A

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**Attachment 3.1-A
#20**

Limitations of Extended Services to Pregnant Women

Inpatient General Hospital Services

None except covered services are limited to those determined to be medically necessary by utilization review.

Outpatient General Hospital Services

None.

Physician Services

None.

Prescribed Drugs

Vitamins are limited to prescribed prenatal vitamin supplements.